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Bib Data Sheet

CONFIRMATION NO. 6368

<b>SERIAL NUMBER</b> 10/722,268	<b>FILING OR 371(c) DATE</b> 11/25/2003 <b>RULE</b>	<b>CLASS</b> 369	<b>GROUP ART UNIT</b> 2627	<b>ATTORNEY DOCKET NO.</b> DC-05754
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## APPLICANTS

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ARG

\*\* CONTINUING DATA \*\*\*\*\*

NONE ARG

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE ARG

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

02/26/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 3	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

## ADDRESS

33438

## TITLE

Optical medium aligned information system and method

<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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